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MEDICINAL VIRTUES OF THE SMILAX ASPERA.

[From the London Medical Gazette.]

SIR,—When new remedies are proposed, or substitutes offered for those already established in medical favor, it is remarkable with what caution they are received, not only into practice, but into notice. This circumstance may perhaps be highly creditable to the philosophical spirit of the cultivators of medical science. In the March number of the Medical and Physical Journal for 1831, I introduced to the acquaintance of the profession a member of the family of smilax, well worthy of the attention of medical men. It is a cheap, and, as I now think, a very useful substitute for sarsaparilla. Since the date of my own notice, I have seen no published account of experiments tried with the smilax aspera, notwithstanding its more powerful agency for good or for evil in the human system than the remedy for which it has been offered as a substitute. Some physicians doubt whether the medicinal substances used as depuratives really exert any very beneficial influence on the constitution; while others are so wedded to sarsaparilla, that they find it difficult to admit other remedies to any share of its transcendent reputation.

To a mind philosophically sceptic, there are no medicines that appear to deserve so long a probation as depuratives. The difficulty of putting their efficacy to a test, under circumstances which shall admit of no modifying influence—the time and patience required in investigating the peculiarities attendant upon their exhibition, and the varieties of constitution in which they are prescribed, leading to apparently discrepant results—all promote a bias towards a doubt, rather than a leaning to a conviction of their virtues. A length of time, many opportunities, and remarkable or striking effects, are required to arrive at truth. Strongly impressed with this idea, I should have hesitated to occupy your columns with my inquiries, if I had not been urged by an interesting note from India, to draw medical attention again to the virtues of smilax aspera. My intelligent correspondent dates from “Anjarakandy, 16th August, 1832.” In his communication this passage occurs:—“I lose no time in telling you that my friend R—, the surgeon at Tellicherry, and a very able practitioner, to whom I showed your paper on the smilax aspera, has lately made a discovery as to the medicinal virtues of the plant, which, if confirmed on repeated trials, will be of the highest value and importance. He communicates to me as follows: ‘I have been putting smilax to another use. I have had in the hospital three severe cases of venereal. I put them under a course of it. One took it macerated in hot lime-water; another steeped in cold lime-water; and the third in boiling water. All rapidly improved. The ulcers healed beautifully;

and one of the patients who came into the hospital an emaciated, poor, thin, dying devil, soon, under this medicine, became plump and fat." I assure you, Mr. Editor, that it has been my lot to observe *plumpness* and *fatness* succeeding to a *cachectic* condition of body, under the use of preparations of *smilax aspera*, as well as of *smilax sarsaparilla*; and I may inquire what are the circumstances that determine this improvement of condition, under the exhibition of these depurative medicines?

Those who are conversant with the use of *sarsaparilla* in this metropolis, where we have states of invalid health dependent upon a residence in an atmosphere vitiated, somehow or another, by the congregation of nearly 1,800,000 souls, will acknowledge that its therapeutic agency is upon the capillary and adipose systems. The mode in which a beneficial change is produced by it, does not appear to be clearly established. It may be that it acts gradually through the emunctories of the skin and of the kidneys; perhaps of the liver. Dr. A. T. Thomson (London Dispensatory, page 560) tells us that it is said to be diuretic. Whatever may be its effect on the various organs influenced, that effect is produced in a very slow and almost in an insensible manner. There is no doubt in my mind of its efficacy in London, as a very valuable agent in numerous orders and species of *cachexiæ* and *cachymix*. It appears necessary to state that the fact is such in this place, because very able practitioners in the provinces may be found who are sceptical as to the efficacious agency of *sarsaparilla*. Having witnessed the benefits it has conferred on many patients, I am convinced of its value. I have watched in vain, however, for its agency in strikingly or speedily altering the condition of any one or more of the secretions of the body; and, consequently, I was led some time ago to try the comparative effects of infusions and decoctions, containing innocent vegetable extractive with saccharine matter. Why are not these as efficacious as *sarsaparilla*? In *rupia*, in *ecthyma*, in *pemphigus*, in varieties of *atrophia*, especially in *atrophia febrisæqua*, I have prescribed a decoction of *triticum repens*, with extract of liquorice;—hay-tea and barley-water, with extract of liquorice, and sometimes with treacle; but though the effects in many cases were not unattended with benefit, the amendment was most remarkable when *sarsaparilla* was substituted for any of them. It would exceed the limits of my present communication were the cases detailed in which these experiments were made. It is sufficient to state the general proposition, that extracts of the *smilacæ* have, in my experience, an efficacy in *cachectic* conditions for which we may look in vain to other vegetable extracts, the circumstances of adjunct remedies being the same. My object now is to inquire if *smilax sarsaparilla* be the valuable therapeutic agent I admit it to be—is there no other member of the same family equally valuable? I know not why the China root should have been so completely thrown out of English practice. In Singapore I found the Chinese doctors possessed of great faith in this drug. The chemical relations of this species are not very accurately known. Of the *sarsaparilla*, Dr. Paris (*Pharmacologia*, vol. i. p. 410) states the virtues to reside in *secula*; and he says that it also contains a very large proportion of vegetable albumen. Dr. A. T. Thomson's account of *sarsaparilla* (Lond. Dispens. p. 560) may be reduced to a few points. A

watery infusion reddens litmus, and affords precipitates to galls, lime-water, solution of nitrate of mercury, and superacetate of lead ; but not to sulphate of iron, or any other metallic oxide. The alcoholic tincture is rendered turbid by water. Ether dissolves a yellow insipid resin. Galileo Pallotta has separated a white alkaloid from sarsaparilla ; it is named Parilline.

Of the principles here manifested, none seems calculated to exert any very powerful influence on any one organ or set of organs. If it can be shown that another species of smilax does contain principles that exert a striking influence on some of the secreting organs, that species is certainly worthy of attention, and in an especial manner, as it can be imported from various parts of the world at a rate of expense not exceeding one-half the price of smilax sarsaparilla. Mr. Garden's experiments upon the smilax aspera have established these points—that the distilled water from the root is slightly aromatic, and impregnated with its peach-blossom odor ; reddening litmus, without any other character of hydrocyanic acid. The decoction yielded an extract equivalent in weight to a fourth part of the root, possessing all its sensible properties ; a pleasant and fragrant smell ; a bitter and agreeable aromatic taste, with sweetness. From an alcoholic tincture was obtained a substance with a character between resin and wax ; tasteless, inodorous, insoluble in water, softened by gentle heat, fusible at 260° Fahrenheit ; at a higher degree, kindling and burning with a dull flame, emitting much smoke, but leaving no solid residue after combustion ; soluble very sparingly in cold, readily in hot alcohol, which deposits it on cooling again ; soluble in sulphuric ether, in the fixed oils, and in oil of turpentine ; alcoholic and ethereal solutions having no effect on litmus or turmeric. A brown-colored uncrystallizable fluid remained after the evaporation of the alcohol, possessing eminently the odor of the root, with its bitter aromatic flavor. This liquid, diluted with water, reddened litmus. The clinical observations I have made upon the exhibition of this material, have led me to conclude that it exerts a power upon the stomach, causing, in some cases, a gnawing, hungry sensation ; upon the kidneys, producing sometimes an abundant diuresis ; upon the head, occasioning a lightness, and in other cases a pain, requiring for relief an aperient remedy. In most cases, the use of smilax aspera, like that of sarsaparilla, has been attended with a beneficial change in the condition of the patient ; plumpness, clearness, and strength, succeeding to emaciation, muddiness, and debility. To ensure brevity, I forbear to quote cases in support of my positions, trusting that in time the experience of others will bear out the accuracy of the present report. My own mode of administering this medicine has been that which I originally employed—a pint of the decoction, or of the infusion, in the day. The decoction has been made by boiling a pint and a half of water upon two ounces of the root, one drachm of the extract of liquorice, and half a drachm of the subcarbonate of soda, until the fluid is simmered to a pint. The infusion has been made by steeping two ounces of smilax aspera in a pint of boiling water, or in a pint of lime-water, for twelve hours ; straining, and adding to the strained liquor two ounces of the syrup of smilax aspera. This latter form of exhibition is convenient, and the flavor is very agreeable. I remain, sir, your obedient servant,

JOHN ASHBURNER, M.D.

P.S.—Since the above was written, I have received from Mr. Belinaye the letter which is subjoined. His extensive observation and elegant formula give a particular value to the communication.

To Dr. Ashburner.

DEAR SIR,—I have delayed with regret complying with your request, business taking up so much of my time at the present period, as to prevent my giving you that full account of my experience of the *smilax aspera* which I think you entitled to, since you are the person who has the credit of bringing it forward, and I happen to have been one of those who have prescribed it most largely.

Two years ago I happened to be called to attend upon a young nobleman, who, after a long course of dissipation, caught the venereal disease. Having taken large doses of mercury, he had to travel home in a great hurry, several hundred miles, without this remedy being cleared away, or the disease being perfectly cured. In his peculiar weak state I thought sarsaparilla the best remedy he could use, and I prescribed it. Independently of my apprehension that common sarsaparilla may be a remedy "qui amuse pendant que la nature guerit," it is very subject to lay heavy upon the stomach, and to produce indigestion. In the above case the patient could bear it neither in its combination with the alkalies, nor with the mineral acids. Under these circumstances the "*smilax aspera*" happened to come under my notice, and I prescribed it, to the complete restoration of the patient's health, who got remarkably fat and strong upon it, and has remained so for the last twenty months. From that time forwards I began to prescribe it frequently. In delicate persons I administered it in combination with one-eighth of a grain, more or less, of the oxymuriate of mercury, every night, and with great success in the cure of syphilis, and of its bastard forms.

The complaint, however, in which I have administered this new remedy most abundantly and successfully, has been gonorrhœa. If it be remembered how difficult gonorrhœa is to treat; that if energetic remedies be administered at first, such as cubebs, copaiva, and injections, the most distressing symptoms in the bladder, groin, &c. may show themselves; or if, on the other hand, gentle remedies be used, the disease frequently degenerates into interminable gleet;—if these circumstances be borne in mind, I think that the usefulness of any new remedy, capable of exerting a certain degree of positive effect, will be easily admitted. The following is the form in which I have prescribed the *smilax aspera* with efficacy in gonorrhœa, nearly exclusively from the beginning to the end of the malady:—

R. Liqueoris Potassæ ℥xxx. ad. 3j.; Aq. Flor. Aurantii 3j.; Syrupi Smilacis asperæ ʒv. M. Sumat cochl. ij. ampla ter quaterve in die e Cyatho Decocti hordei magno.

I regret I have not time to run over the notes of cases in which I prescribed the above for gonorrhœa, and still more that I cannot find leisure to speak of the usefulness of the *same* formula in eruptive diseases, and in certain complaints peculiar to children.

Yours, in haste,

H. BELINAYE.

MINERAL WATER OF LYNN.—EFFECT OF AGE ON ERGOT.

[We recently requested our respected friend Dr. Hazeltine, of Lynn, to furnish us some account of the "Mineral Spring" in that town. In reply, he has favored us with the following epistle, which contains several articles of intelligence that will not be unprofitable to the reader.]

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have not had time to answer your communication lately made to me respecting the "Mineral Spring" in this town, in a manner that I could wish to do it, till now, and I have deferred the subject for another reason, which will appear in the sequel, beside giving an answer to the particular object of your inquiry. The "Mineral Spring" in this town, I believe, is only a bait to induce idlers to visit the Hotel that stands within a few rods of it. I have never understood that the water of the said spring has excited the attention of any one either with a view to its analysis or its sanative qualities; indeed, I suspect its mineral impregnations, if it possesses any, are so small as to be totally unworthy of notice. I have very seldom been at the place; and have felt no disposition to go, since I was called there in a professional capacity twelve or thirteen years ago, and under circumstances then the most appalling of any that I ever met with: it appeared to me a hell in miniature, and I have never been there more than once or twice since.

I have for some time past had it in contemplation to address you on the subject of a question proposed by one of your most valuable correspondents, Dr. Joseph Comstock, in the number of the Boston Medical and Surgical Journal for May 29, 1833. Speaking of the "ergot," on page 249 of the Journal, lines 6 and 7 from the bottom of the page, Dr. C. proposes the following question; viz. "Does this medicine lose its efficacy if kept over the year?" To this question, I flatter myself, Dr. Comstock and the rest of your readers will graciously accept the following reply. It is now more than sixteen years since I removed from South Berwick, in the State of Maine, to Lynn; and I brought with me, when I came, a quantity of ergot which I had, *a year or two before*, picked out of a few bushels of wheat which I had purchased from the country. This sample of the article has served me in practice ever since; and I cannot say that it has lost any of "its efficacy" yet. I do occasionally administer it to my parturient patients; but not so often, I am persuaded, as some practitioners who do no more midwifery than I do; for I have long since learned that the article is by no means to be trifled with, and that if it is employed injudiciously, it will certainly do mischief. I have used the ergot in my practice several times in the course of a year, ever since the year 1810; and I have administered it in several cases of parturition since the commencement of the present year; and in two of them, particularly, I never saw more striking proofs of the efficacy of the sample which I now have by me, although it has certainly been collected *more than sixteen years!*—I first learned the use of the ergot in parturition from a letter from Dr. John Stearns, of the State of New York, "to Mr. S. Akerley, dated Waterford, January 25, 1807;" first published in the New York Medical Repository, Volume 11 (of the regular numerical series), page 308.

In the early part of my use of the ergot, I administered it after the example of Dr. Stearns; i. e. half a drachm of the powder in decoction in half a pint of water; one third administered "every twenty minutes till the pains" commenced: and I soon found that *one third* of the allotted portion was generally sufficient. I then commenced administering ten grains of the powder at a dose, after a very short infusion in hot water; and this has been ever since, and is at present, my mode of exhibiting the ergot—repeating the dose every fifteen minutes, if necessary. I never give my patients the ergot, so long as the pains are sufficiently energetic to sensibly bring forward the fœtus; nor till the orificium uteri is nearly fully dilated, or very lax and dilatable, and nature at the same time seems to be "idle;" nor till I am certain the presentation of the fœtus is favorable for expulsion, and that the pelvis is well formed. I think I have seen the ergot produce nausea, and vomiting, and, very rarely, headache, both before and after the birth of the child; and I believe I have known it to cause after-pains. If I were asked whether I considered it prejudicial to the fœtus, I should answer, I have no doubt of that effect, when it is given in an improper manner: i. e. at an improper time. I rarely give more than one dose of ten grains; I have occasionally given the same quantity twice and thrice; in one case I gave *fifty* grains, but with no other effect than what I have often seen from a dose or two of ten grains. When I removed to this town, the stock of ergot that I brought with me was some of it in the form of powder, and in a phial well corked; notwithstanding which, after a while I found it began to mould, and having plenty of the article by me in the usual state, I threw the mouldy away, and subjected the former to the warmth of an oven, from which bread had been recently drawn, and kept it there for one night; since which, I keep it in brown paper, and pulverize it as I have occasion for it. If I were asked how frequently I have had recourse to the ergot in parturition, I should answer, once in about ten cases; and this answer is founded on some calculation which I have made. I believe the ergot to be an invaluable article of the *Materia Medica*, but that it has been very injudiciously used.

I cannot willingly omit, on the present occasion, to express my gratitude to Dr. Comstock for the many and interesting communications with which he has enriched the various periodical publications in these northern States for nearly thirty years past; and I earnestly hope he may long be continued and disposed to add to the number. I have always been highly entertained and instructed by his communications; and by none more so than by his paper entitled "*Prognosticks in Fevers*," &c. published in the *New England Journal of Medicine and Surgery* for April, 1817. It is not always the man who writes a volume that contributes most to the promotion of science: but he, who, watchful of passing events, discovers and collects facts and applies them to practical purposes.

I wish, Mr. Editor, that some of your correspondents would be so kind as to inform me what are the virtues of the "*Acoroides resinifera*," or "*Botany Bay Gum*." The first notice of the article which I ever met with, was in the first volume of the "*Medical and Chirurgical Review*." It was introduced into the list of "*Materia Medica*" of the *Pharmacopœia* of the Massachusetts Medical Society for the year 1808.

We find no account of it in any Dispensatory or other book that I know of, and I could wish for some information respecting it.

In the Nos. 22 and 23 of the Boston Medical and Surgical Journal, a "Mr. Perkins of Newburyport" has the credit of being the inventor or discoverer of the empirical use of the famous "Metallic Points;" but is this correct? I think not; for I very well remember that *the* Dr. Perkins, *the* inventor of the "Points," was from Connecticut; at least that was said of him when he passed through the country in the year 1796. He went as far as Portland; and however gross and absurd the imposition which he practised on the "million," no one, I believe, pretended to deny that in *his own hands* the "Points" *apparently* accomplished wonders; owing, without doubt, altogether to the peculiar and imposing manner of Dr. Perkins, when he operated.

You will pardon my garrulity—I observe many things pass current for *new*, now-a-days, that possess, in reality, no claim to that distinction. In the tenth volume of the American Journal of the Medical Sciences, for instance, at page 240, a "Professor Chiappa" has the credit of stating, "that enemata of iced water immediately dissipate the symptoms which characterize the hysteric paroxysm;" whereas, the fact was known and communicated to the world by a French physician,* forty years ago. The same paragraph has been copied into a late number of the "Medical Magazine," as if something new.

RICHARD HAZELTINE.

Lynn, August 13, 1833.

P.S. Indulge me with one paragraph more: It was announced a few weeks since, in a number of the Boston Medical and Surgical Journal, that the "*Melia Azederach*" was a new vermifuge; but it is well known that this fact was published to the world by the late Dr. B. S. Barton, of Philadelphia, in the first volume of the Philadelphia Medical and Physical Journal, as long ago as the year 1804; and that the vegetable was the subject of an Inaugural Dissertation, at a Medical Graduation at Philadelphia in the year 1802.

R. H.

POISONING.

[Communicated for the Boston Medical and Surgical Journal.]

MR. EDITOR,—The uncommonly able and lucid communication of W. on the subject of poisoning by stramonium, has reminded me of certain speculations, which I long since made, upon the diseases produced by the various kinds of poisons. It is very flattering to find my theoretical ideas confirmed, as respects the most judicious treatment, by so accurate a practitioner and so acute an observer as your correspondent.

Without entering into a detail of the appearances resulting from the various kinds of poisons, whether derived from the mineral, vegetable, or animal kingdom, it is sufficient to remark, that when taken in such quantities as *immediately* to threaten life, notwithstanding the various modes of their action, and the difference in many of their symptoms, they all agree in one point, and that is the sudden and rapid *extinction* of a great proportion of the vitality of the system. This exhaustion of

* Mons. Pomme: des Affections Vaporeuses, p. 25.

the powers of life is to be treated exactly upon the same principles, as if it occurred in any other disease.

When there is a rational prospect of removing the deleterious drug from the stomach, either by a quick emetic or the pump, this process ought to be attempted. It is, however, vain and worse than useless to waste time in endeavoring to apply specific antidotes, in order to neutralize the poison in the stomach or other parts of the system, upon the same principles as we experiment in the laboratory. The sinking powers of life are to be sustained, and a new secretion of vitality, if possible, is to be induced. Opium, alcohol, essential oils, camphor, musk, aromatics, volatile alkali, and indeed any diffusible stimulant, should be employed, according to the kind and urgency of the symptoms. The same is true of external applications.

These remarks apply not only to poison taken by the stomach, but to bites from venomous reptiles. The effect of the poison from the rattlesnake has been cured by opium alone, and by diluted alcohol alone; and in general, it will undoubtedly yield to the same treatment, as that by which the same symptoms are most successfully combated in other diseases.

When accidents of this kind occur, most physicians seem to be confounded, and overlooking the usual means of relieving such urgent symptoms, they set themselves to searching after specifics and antidotes. They thus lose the opportunity of nipping the new disease in the bud, and too frequently fail at last of relieving the patient.

Gastric sinking, delirium, coma, pain, spasm, coldness, numbness, emesis, catharsis, or any other urgent symptom which may *suddenly* arise from poisoning, has a very striking resemblance to the same affection when it appears in a malignant disease. It almost always denotes an extreme degree of atony, and is only to be met, with a rational prospect of success, by some powerful, though uniform and steady, exciting and supporting course. Even inflammation, when the result of excoriation from acrid articles, is in general rather of the atonic or passive kind, which is rarely benefited by depletion, or even by evacuation, except so far as it may remove the offending cause. The effect is not to be overcome by reducing means, but is to be obviated by an exciting and supporting course. Any physician, who is familiar with the ataxic symptoms of a malignant epidemic, need never to be at a loss in treating similar affections, either in sporadic cases, or when they happen to occur in consequence of morbid poisons.

SENEX.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 28, 1833.

THE CHOLERA IN THE WEST.

THE Cholera, as the reader is apprised, has confined its ravages on our continent the present summer chiefly to the West. The newspapers contain, from time to time, passing notices of its progress and fatality, and

in this form the profession gain a knowledge of its history. We propose only to offer such further details as may reach us by authority of medical men; and when aught of this authenticity shall appear worthy of note, we shall note it.

The account published by Dr. Vandell of Lexington, Kentucky, of the disease as it prevailed in that place, is interesting, and presents some peculiarities respecting the state of the weather at the time, which it is well to know, though we are by no means certain that the march of a disease of such power is influenced in any degree by such external agent. It is certain, however, that the state of the weather preceding the introduction of the disease into Lexington, was just such as we should suppose best suited to favor its irruption.

In November 1832, a few cases of cholera occurred in that city; but it prevailed only a few days, and health in an unusual measure succeeded. It was not till the following June that it re-appeared, and assumed all its usual malignancy. Respecting the weather, Dr. Y. says, "The winter was generally mild and open, though once in January, and a second time in March, the thermometer fell to zero. About the 12th of April there was a frost which threatened the fruit. The mercury was as low as 27° at sun rise, a slight pellicle of ice was seen on a tub of water in my yard, and the water in the calyx of an apple blossom was found frozen in my garden. The fruit, nevertheless, escaped uninjured. In a few days the weather grew warm, and continued uniformly so throughout the month. From the 12th of April to the 13th of May, but a few partial showers of rain fell. Fires were not necessary even in the morning and evening during most of this time. After the rains set in, they were copious and protracted to a degree rarely before witnessed by the oldest inhabitants. For a month, but few days passed without rain, which was generally accompanied by much thunder and lightning. Engaged at the time in a course of lectures on Chemistry, I found it difficult to collect such an amount of electricity as was requisite in performing the common class experiments. During most of the period it was impracticable, by means of the powerful machine belonging to the Chemical Laboratory of the University, to charge a Leyden jar. The range of the thermometer was from 78° to 85° in the hottest part of the day, and the humidity of the atmosphere rendered the heat sultry and oppressive. On one occasion it fell to 67° after a storm, but rose again in a day or two to its former height with the recurrence of the rains.

"This weather had continued three weeks when cholera broke out. A few cases, with symptoms to excite suspicions of this disease in the medical attendants, were rumored through the city about the first of the month; and one occurred in a negro, on the 3d of June, which left no doubt of its existence. The night following, a number of persons along Main Street were attacked, and by morning seven were dead or dying. In the course of the day cases were developed in other parts of the city, and on the next day the list of dead had increased to 27. During the next three days it progressed slowly but steadily. The character of the weather was unchanged. Thunder storms occurred almost every day. Friday, the 7th of June, was a day of continued storms. The glare of the lightning at night was terrific, and the dismal effect was enhanced by the continual calls at the doors of the physicians and apothecaries, which rendered it but too evident that the pestilence was increasing in violence. In the course of that day and night, I am satisfied that more rain fell than is ordinarily allotted to a month. After these storms the

rains ceased, and the temperature of the atmosphere fell. Sunday morning was clear, cool and beautiful; and with the brightening of the heavens, cheerfulness and hope were restored, in a measure, to the minds of the citizens. They flattered themselves that the epidemic had begun to abate, and that under such genial skies it would soon disappear. A few hours taught them how unfounded was their confidence. About 12 o'clock it became manifest that it was growing more violent, and before night the cases had evidently been multiplied four fold. The fatality along Main and Water Streets was appalling, but by this time no part of the city was entirely exempt. Monday it was evidently still increasing. On Tuesday, the 9th or 10th day after the appearance of the first case, it was believed to have attained its acme, and on this day it is computed that from 50 to 60 persons died, and that 1000—some physicians think 1500—were ill of the disease. There was no great difference in the mortality of Monday, Tuesday, and Wednesday, and there is scarcely a doubt that in those three days Lexington lost from 120 to 150 of her citizens. This mortality is the more striking contrasted with that of former times, when it is considered that the annual mortality of the city for many years, with a population nearly as great as at present, did not exceed 50—its average number of deaths for a year, being thus crowded into a single day!

"The weather remained dry and warm until the end of the week, and after Wednesday the epidemic visibly declined. It was evident that there were fewer cases on Thursday than on the day preceding, and from this time it subsided about as rapidly as it arose. A number of families were severely afflicted after this time, and a few fatal cases continued to occur up to the 10th of July, making more than a month from the commencement of the disease to its final disappearance. At this time (July 18th) not a case is believed to exist in the city, and but little if any more (some physicians think less) disease prevails than in ordinary seasons."

After giving this brief history, Dr. Y. goes on to relate some of the causes that probably contributed to the mortality of the disease; among which were the want of preparation by the city authorities, and the deficiency of medical and other attendants. There was no hospital, no board of health, no ordinance on the subject. The sick were scattered over the whole city, confined to their own poor apartments, and many of the physicians were either absent, sick, or had fallen victims to the disease. "During the first ten days of its prevalence Drs. Boswell, Challen, and Steele, died, and nearly every other practitioner in the city experienced an attack of the disease. To add to these misfortunes, Professors Cooke and Short were absent during the first week, and Professor Caldwell, who was in Boston when it broke out, did not reach home until it had subsided. Thus was the city deprived of the services of six physicians, at a time when all would have been inadequate to the demand, to say nothing of the indisposition of many which seriously impaired their efficiency."

It reached us by report, and was generally stated, that the disease in that place was indiscriminate in its attacks, and equally fatal among all classes. This was not true. It appears by our account, that its mortality was chiefly among the blacks, and those of the white population which have been found, in other countries, its first and favorite victims. We derive, therefore, fresh encouragement from every new history of this appalling malady, to persevere in those measures which have long been esteemed preventive of its ravages, and renewed hope that we may

yet, by a perseverance in these precautions, either avert it altogether, or mitigate its violence if it should ever invade the places of our abode. It is remarkable that but 10 or 11 children died of this disease during its prevalence.

It is stated by Dr. Y. to have been a peculiarity of the epidemic, that diarrhœa was not a *premonitory* disease, but the commencement of the cholera itself—all the other symptoms following on in rapid succession; and a portion of the fatality of the epidemic is set down to this peculiarity. The general idea that diarrhœa was only premonitory, induced many to delay attention to a symptom, the neglect of which, for a single hour, was hazardous—a fact which may be illustrated by the circumstance that comparatively few negroes died at the factories, where masters and overseers were vigilant in watching and averting the first indications of the disorder—and this, notwithstanding the many appurtenances to these establishments that are calculated to invite the epidemic and promote its fatality.

Another particular noticed at Lexington, was the *absence of vomiting* in most cases. It occurred but about once in twenty cases in the practice of Dr. Y.; and in some of the worst he saw, the stomach was not at all disturbed. In most other respects the symptoms were the same as the malady has presented at other times and places; and we will merely add, that the *absence of pain* in the diarrhœa, and indeed throughout the disease, is particularly noticed in the present account. "One of the most striking phenomena in the disease, was the natural appearance of the patient, and the unaltered state of many of the principal functions; there being often no complaint made of acute pain, except of cramps, and little indication of disease, except in the disturbance of the bowels. Where the suffering was most acute, there was often least danger; and those were the most alarming cases where the patient complained only of oppression about the *præcordia*, frequent watery discharges without pain, and rapidly declining strength."

Respecting the treatment, we regret to state that little has been added to what is already well known to the reader. In the *first or diarrhœal stage* of the disease, Dr. Y. relied, and often successfully, on calomel given in doses of 20 grains if a mild case, and a second dose of 60 grains if the first failed to check the evacuations in one hour. In bad cases 60 grains was his first dose, and the second 120—without opium. In the *second stage*, when the rice-water dejections and cramps came on, his remedy was the same in augmented doses. "To one patient," says he, "in whose case vomiting was a distressing symptom, and who was cramped in almost every muscle, I gave an ounce in three doses. I saw her at 1 o'clock, when she had labored under the disease 24 hours. The rice-water passages were copious and frequent. She was exhausted, and nearly pulseless. I gave her 120 grains of calomel, ordered cold drinks, with mustard to the epigastrium. At six o'clock, when I visited her again, all the symptoms were aggravated. I then gave her 135 grains, and in a few minutes a similar dose, as she almost immediately vomited, and it was supposed probably threw up a portion of the first. In the course of the night the character of the stools was changed. She continued to pass dark, green matter for 48 hours, and recovered rapidly, with scarcely a slight salivation. Besides calomel, on account of the distressing vomiting, this patient took laudanum for a few hours. It did not, however, sensibly check the discharges, or allay the vomiting. These were only relieved by the operation of the calomel."

Emetics were sometimes given, and generally relieved the spasms. Mustard poultices to the extremities and the epigastrium, and the internal administration of ice-cold water and lemonade, were the chief adjuvants employed by our historian, who represents his success, in the earlier stages, to have been highly satisfactory. Calomel was even found useful in a few cases which were not seen till the disease had reached its *third stage*, or collapse; although almost every case that reached this stage was there as elsewhere unavoidably fatal. "Mr. Hale," says Dr. Y., "an esteemed pupil of mine, was called, during my illness, to a female laboring under cholera in this stage. She was poor, and being remote from the populous part of the city, had received no attention. He gave her 250 grains of calomel, applied mustard to the extremities, and left her for the night. When he called next morning, contrary to all expectation, the calomel had produced the desired effect, and the patient was relieved. She has recovered completely, and has since had a child cured of the same disease by this enterprising young gentleman."

The account of the cholera at Lexington, a brief sketch of which we have now given, is important, as it states the condition of the atmosphere before and at the time of its access, and during its prevalence, and also as showing the result of a full trial of the use of calomel in large doses. Other remedies were tried with various success by different practitioners; but here we have a bold and decided treatment, and one that, according to Dr. Y., has been as successful, to say the least, as any other. Small doses, and far between, were tried and found unavailing; large quantities frequently repeated were found most useful.

Salivation seldom followed this liberal use of calomel, being prevented perhaps by the subsequent exhibition of aloes to keep up the secretion of the liver. With this precaution, *no one was seriously salivated*, convalescence was not retarded, nor was hypercatharsis or *bad health* in any instance the result of the calomel practice. One fact remains to be stated, that may not add to our confidence in this mode of management. The mortality at Lexington was 1 in 13; whilst at New York it was only 1 in 50, in Philadelphia 1 in 170, in Cincinnati 1 in 50, and so in other places. There are, however, other records of a different character. Some towns in Kentucky lost a larger proportion of their inhabitants; and one, Shelbyville, one-eighth of its whole population.

THE CHOLERA IN INDIA.

An Account of the Diseases of India, as they appeared in the English Fleet, and in the Naval Hospital at Madras, in 1782 and 1783; with Observations on Ulcers, and the Hospital Sores of that Country, &c. &c. To which is prefixed, A View of the Diseases on an Expedition, and Passage of a Fleet and Armament to India, in 1781. By CHARLES CURTIS, formerly Surgeon of the Medea Frigate. Edinburgh, 1807. pp. 283.

THIS work is often referred to by Dr. Good and others, when treating of tropical diseases, but is so rarely to be met with in this country, that the only copy of it, which we ever saw, first fell into our hands in the course of the present month. From a rather hasty perusal, we are inclined to consider it as one of the best works of the kind upon tropical diseases, and that it is alone sufficiently complete, as a guide to the diagnosis and treatment of the most common complaints of India. The discrimination and skill of the writer, and his sound, common-sense views of practice, are apparent on every page. The gentleman, from whom this book was

obtained, was formerly a colonel in the East India Company's service. He stated, that it was considered by the practitioners in India as one of their very best guides in the treatment of the diseases of that country. In our own view, the internal evidence of the work is sufficient to justify the colonel's high commendations. The great wonder is, that it should be so far overlooked as never to have been (to our knowledge) reprinted in this country. At the present time, our publishers could scarcely give a more useful present to the Medical Faculty, than by printing and diffusing a new edition of this standard work of Mr. Curtis.

But what renders the work peculiarly valuable is, that it contains the earliest English account of the Spasmodic Cholera of India. There are forty-one pages devoted to the history and treatment of this disease, in a chapter entitled, *Spasmodic Cholera, the Cramp, or Mort de Chien*. The author first met with spasmodic cholera on board the *Sea-Horse*, an armed ship of twenty guns, June 21st, 1782. Of the first eight cases, five proved fatal. Mr. Curtis has given a very accurate description of the most prominent symptoms, from the perusal of which, there can be no doubt that his disease was the same with the pestilence which has since scourged so many countries. He very accurately distinguishes it from the common bilious cholera morbus, with which latter disease he was very familiar. He is also very discriminating as to the stages of the disease and their appropriate treatment, and appears to have managed it upon as accurate principles, and in the end to have learned to treat it with as great success, as any subsequent practitioner.

We have not, at present, time or space to allow of extracts. It is our wish merely to turn the attention of physicians to the work, and if practicable, to induce our medical publishers to print a new edition of this very rare and valuable book. If we are not greatly mistaken, more light is cast upon cholera, in this single chapter of Mr. Curtis, than in many scores of the works which have been published since the appearance of spasmodic cholera in Europe and America.

THE VOX CHOLERICA.

We do not remember having seen, until lately, any attempt to explain on scientific principles the peculiar sound assumed by the voice in the collapsed stage of cholera. Mr. Gaskell, a surgeon of Manchester, in giving an account of the disease there, adverts to the phenomenon in the following terms.

The changes produced in the voice in cholera are less easily explained than the other symptoms. By carefully analysing this phenomenon, we may perhaps arrive at some satisfactory conclusion. It will be remembered that the first change is a weakness in the power of producing sound, requiring a larger quantity of air to pass through the glottis, in order to effect a feeble utterance. This proceeds, until at length a complete exhaustion of the lungs is required to produce one simple sound. In order to explain this phenomenon, we must take into consideration that there is a considerable quantity of cellular substance contained between the folds, and at the base of the chordæ vocales. Keeping in mind also that the cellular structure in every part of the body becomes shrunk during cholera, from absorption of the serous fluid contained in the cells, we shall have little difficulty in explaining the alteration of the voice. In consequence of this sinking of the cellular tissue, the apertures of the glottis become distorted and expanded, which state of parts requires a greater

quantity of air to pass through, in order to produce an effect equivalent to the natural sound ; and the capacity of the lungs for air being greatly diminished, owing to the congestion, they cannot supply the requisite quantity. The voice in children is only slightly affected, which arises from the diminished aperture of the glottis. That there is a considerable quantity of sub-mucous cellular tissue adjacent to the glottis, is well seen in œdema of this organ. If, then, the cellular tissue can become so overloaded with serous fluid as to obstruct the passage of air through the glottis, the opposite state would surely cause considerable dilatation in this passage, and thus produce the vox cholericæ.

ON THE DEATHS OF SOME ILLUSTRIOUS PERSONS OF ANTIQUITY.

A LATE London periodical contains some account of a paper read at a meeting of the College of Physicians, by Sir Henry Hallford, on the above subject, which will not be uninteresting to the classical reader. Those meetings are attended by persons out of the profession—by Dukes, Bishops, Judges, and other distinguished personages who may be interested in the subjects of medical investigation. The presence of such auditors gives a spirit to the proceedings of the College, and stimulates the members to a degree of preparation that is not common in exclusive medical associations ; but it may be questioned whether the meetings are so instructive or so practically useful, as they would be if confined to the ranks of the profession.

SIR HENRY began by observing, that, when our feelings have been captivated by the history of the transactions of an illustrious life, the mind is unsatisfied while anything remains to be told of the person who has engaged it. But, in addition to the interest presented to others, the physician may find, in the subject of the present paper, many facts connected with the operation of medicines, known in former times, and be enabled to correct some misapprehensions regarding the true nature of the diseases of which some of the illustrious ancients died.

Sylla, the dictator, died of an internal abscess, which burst during a fit of passion. He had set his heart on the restoration of the Capitol, and its dedication on a particular day ; but a messenger having brought him intelligence that his expected resources had failed, he gave way to a paroxysm of rage, was seized with a vomiting of blood, passed the night in great suffering, and died next day ;—an awful example, observed the learned author, to those who take no pains to control their passions ; and especially impressive on those who, with violence of temper, combine anything weak in their structure.

Crassus, the lawyer, and friend of Cicero, died of pleurisy. He was speaking in the senate, when he was seized with pain in the side. On going home, he had a shivering fit, followed by fever : he died on the seventh day. It is not mentioned what means were had recourse to with a view of preserving his life ; but as Celsus, who lived a few years afterwards, recommends bleeding, cupping, and blistering, in inflammation of the chest, it is probable that these were adopted.

Of Pomponius Atticus, beloved by Cicero, and esteemed by all parties even in the most distracted condition of the state, we are told that his mortal disease was a fistula in the loins ; probably, observed Sir Henry, a dysentery, ending, as it sometimes does, in ulceration of the lower bowel, for he is described as having had tormina and tenesmus. Finding

his disease increase, notwithstanding the use of the remedies prescribed for him, he called his friends together, and informed them that he had made up his mind to take nothing more, whether food or physic; and rigidly adhering to his resolve, he died on the seventh day, at the age of 77.—This resource of starvation, under incurable disease, seems to have been frequently adopted by the Romans; and Pliny mentions an afflicting case, in which he was sent for by the wife of one of his friends, to dissuade her husband from his purpose; but he arrived too late.—The death of Socrates is familiarly known to have been effected by a narcotic poison; but the precise nature of the substance used is matter of conjecture. The Greeks, we know, were acquainted with the aconite, the black poppy, the hyoscyamus, and hemlock. The henbane is used at Constantinople, and, Sir Henry believes, also throughout the Morea, under the name of Nebensch; which sounds so much like Νησθη as to recal it irresistibly to our minds, and to lead to the suspicion that hyoscyamus had been used as a narcotic from very early times. But with regard to Socrates, it is probable that the same poison was employed as in the cases of other persons condemned to death—viz. *καυσιον*, *cicuta*. Dion, the father of Dionysius, and Phocion, were both poisoned with hemlock, and it is mentioned by Theophrastus that the whole plant was pounded together; but the Chians peeled off the rind, as apt to occasion pain, and then made an infusion of the other parts. The poison, at all events, was weak, and slow in its operation; for the executioner told Socrates that it would prevent its effect if he entered into earnest discussion, and that it was occasionally necessary to repeat the dose three or four times.—The death of Hannibal next occupied the attention of the learned author of the paper. The poison, we are told, was contained in a ring, and what it was we shall probably never know with certainty—though modern chemistry might furnish many which would not exceed the prescribed bulk—as prussic acid. Probably, however, in this instance it was some of the products of Lybia—*Lybia ferax venenorum*—which supplied the illustrious Carthaginian with the means of death. But as to the mode in which Britannicus was destroyed by Nero, Sir Henry Hallford is of opinion that we may rationally conjecture the poison to have been laurel water. Locusta, a female poisoner, kept for state purposes, was employed to prepare a dose which should prove instantly fatal; and after having been tried on a hog, which was in a moment killed, it was administered to the unfortunate victim at a banquet. He was seized with an epileptic fit, and expired. This account was then compared with that of the death of Sir Theodosius Boughton—a detail into which we regret that our very confined space prevents us from entering farther, than stating that an extraordinary blackness was observed over the face of Britannicus, and that the learned President remembered having seen Sir Theodosius Boughton after the body had been disinterred for examination, and that the face was, in color, like a pickled walnut.

In the case of Alexander the Great, there was a story of his having been poisoned, and that the poison had been sent to him by Antipater, in the hoof of a mule: but if conveyed at all, it was in an onyx—such as was used to hold precious ointments—for *ονυξ* signifies, not only the precious stone of that name, but also *unguis*, the first sense of which is the human nail, and the second the hoof of a horse or mule; which meaning had been given to the word, in reference to the alleged conveying of the poison, instead of the stone in which ointments were kept. Alexander, however, in fact, died of a remittent fever, of the progress of which

daily statements were made—constituting the first example which we find of recorded bulletins. He died on the eleventh day.

Sir Henry Hallford proceeded to pass an encomium on the genius of this extraordinary man, and upon the sagacity of the policy by which he retained the dominions he had acquired; this he compared, especially in regard to the plan of appointing Macedonian officers to command the native troops, to the system at this day adopted in India. The field thus opened was wide and inviting; but, said the learned author, in conclusion, "I must not forget that my theme was not *the lives*, but *the deaths*, of some illustrious persons of antiquity."

Indian Medicinal Uses of the Cocoa-Nut Tree.—As an article of the *Materia Medica*, the natives of India commend a decoction of the roots of the cocoa tree, mixed with ginger, as an excellent febrifuge. The juice expressed from young branches, combined with oil, is said to be a useful application to hæmorrhoids. In chronic inflammation of the bladder, and gonorrhœa, they recommend a mixture of the expressed juice of the flower of the cocoa tree and sugar. The oil is said to be useful, if applied to ulcers or pustules on the head. Mixed with salt, and drunk to the quantity of eight ounces, it is said to expel worms from the intestines. Particular virtues have been attributed to cups made of the shell of the nut. They have been supposed to give an anti-apopleptic quality to intoxicating liquors. Many other virtues are ascribed to different parts of the tree, of which it is not necessary here to take notice.

Marshall's History of the Cocoa-Nut Tree.

Singular Case of Paraplegia.—A man, after a fall that caused bleeding from the eyes, nose, and ears, was attacked with paraplegia, that continued for fourteen days, during which period there was neither secretion of urine nor excretion of fæces. M. Ollivier attributes this state to a disease of the spinal marrow and atrophy of the kidneys; the justness of which view must await the elucidation of a *post-mortem* examination for its proof.—*Revue Médicale.*

Whole number of deaths in Boston for the week ending August 23, 31. Males, 19—Females, 19. Of debility, 1—child-bed, 1—canker, 3—dysentery, 5—infantile, 3—spasms, 2—scrofula, 1—cholera infantum, 1—throat distemper, 3—intemperance, 1—inflammation in the head, 1—dropsy on the brain, 1—teething, 2—consumption, 3—inflammation in the bowels, 1—croup, 1—accidental, 1.

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WALTER CHANNING, Dean.

Boston, May 15, 1833.

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